

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>TV</i>		<i>12/22</i>
<b>FORMALITY REVIEW</b>		<i>876</i>	<i>04/03/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	Original	1	11/17/00
2	Original	2	11/17/00
3	Original	3	11/17/00
4	Original	4	11/17/00
5	Original	5	11/17/00
6	Original	6	11/17/00
7	Original	7	11/17/00
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49	Original	49	11/17/00
50	Original	50	11/17/00

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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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